

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90134 050 ****61.25

DOCUMENT # N25381

1. Entity Name

SPACE COAST MARINE INSTITUTE, INC.



Principal Place of Business

**1000 INSPIRATION LANE
MELBOURNE FL 32934
US**

Mailing Address

**ASSOCIATED MARINE INSTITUTES
5915 BENJAMIN CENTER DRIVE
TAMPA FL 33634
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2869412**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HULL, DAVID J. SMITH, HOLSEY & BUSEY
225 WATER STREET, STE. 1800
JACKSONVILLE FL 32202**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STANDER, O B 5915 BENJAMIN CENTER DRIVE TAMPA FL 33634	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FISHER, BRIAN G 2401 W. EAU GALLIE BLVD., STE. 1 MELBOURNE FL 32935	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MOORE, TOMMY 1085 CAROL CT MERRITT ISLAND FL 32952	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT CARUSO, JOAN 1085 CAROL COURT MERRITT ISLAND FL 32952	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLEMAN, PATTI 8020 S HWY A1A MELBOURNE BEACH FL 32951	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAY, LINDA J 1700 SANDPIPER ST MERRITT ISLAND FL 32952	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature Required) O.B. Stander 1/14/03 (813) 887-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)